

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mary Jane Bean
White Plains

County

Charles

Date

of death

1908

Month

June

Day

29

Age

Years

—

Months

6

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Ind

Occupation

none

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John Bean

Father's
Birthplace

Ind

Mother's
Maiden Name

Ellen Ann Bean

Mother's
Birthplace

Ind

Name of person giving
information

Mary E. Bean

How related
to decedent

Grand mother

CAUSES OF DEATH

105

How long

2 week

How long

Primary

Cholera Infantum

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

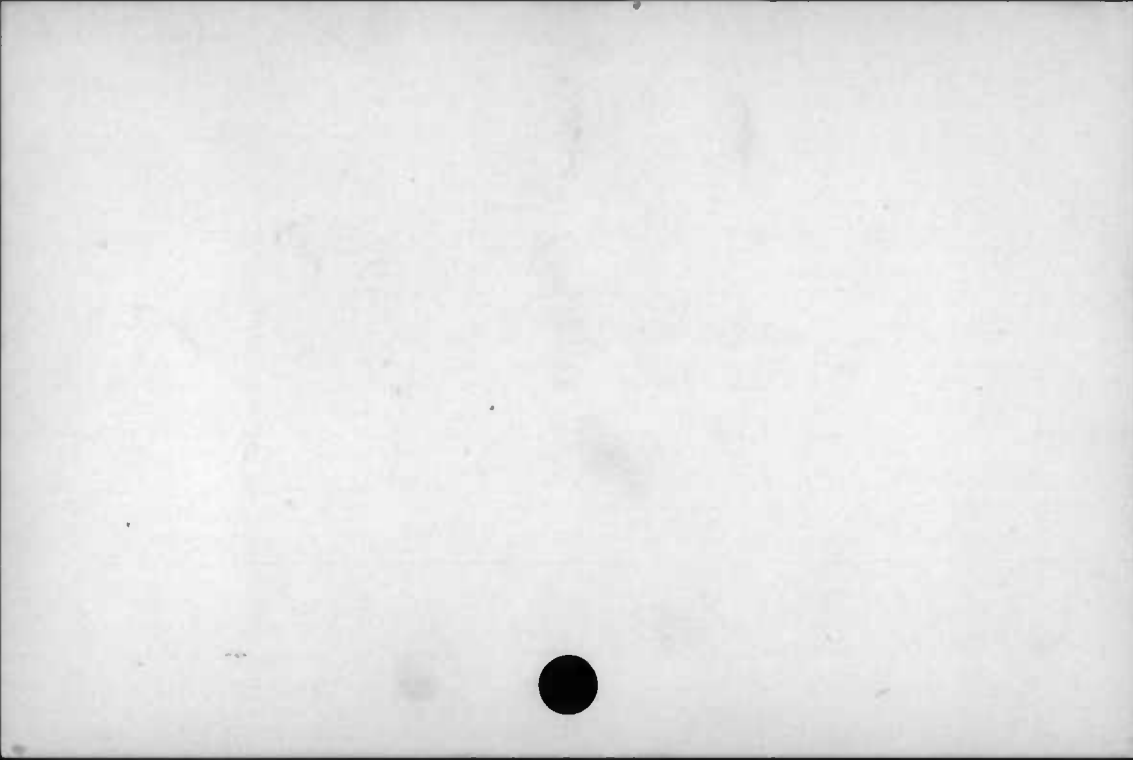
G. O. Monroe

Waldorf

Ind

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mary E. Boaman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Town *Falkner* County *Charles*

Died at *Falkner*

Date of death *1908* Month *June* Day *13* Age *79* Years Months *3* Days

Sex *Female* Color or Race *Caucasian* Birth-place *Charles Co*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *John Boaman*

Father's Name *Geo. H. Gardner* Father's Birthplace *Charles Co*

Mother's Maiden Name *Philia Simms* Mother's Birthplace *Charles Co*

Name of person giving information *John M. Boaman* How related to deceased *Son*

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary *Fracture Femur* How long

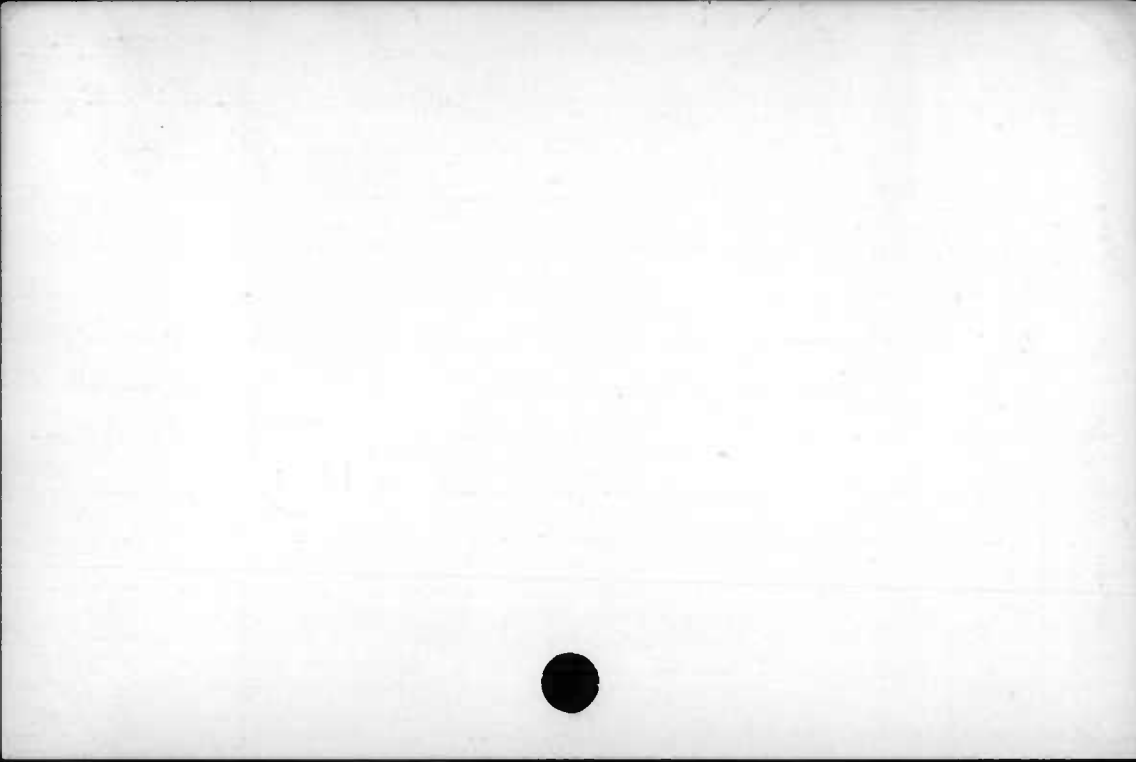
Immediate *Exhaustion Cardiac* How long *4 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. Spencer*

Address *121 W. Main St.*

Accident or Suicide? *Accident.*



Name
in
Full

CERTIFICATE OF DEATH

Mary R. Brallen

Town

County

MARYLAND

Died at *Pomfret*

Date

Month

Day

Years

Months

Days

of death 1908

June

10

Age

83

Sex

Female

Color or
Race

Colored

Birth-
place

Ind

Occupation

Housewife

Where Residing if not
at place of death

at home

Married, Single
or Widowed

Married

Name of Wife or
Husband

Unknown

Father's
Name

John Brallen

Father's
Birthplace

Ind

Mother's
Maiden Name

C. Dyson

Mother's
Birthplace

Ind

Name of person giving
In formation

James Brallen

How related
to deceased

Son

CAUSES OF DEATH

154

Primary

Old age

How long

Immediate

Shock failure

How long

Shock when

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. O. Monro

Address

Walton

Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Robert Edward Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

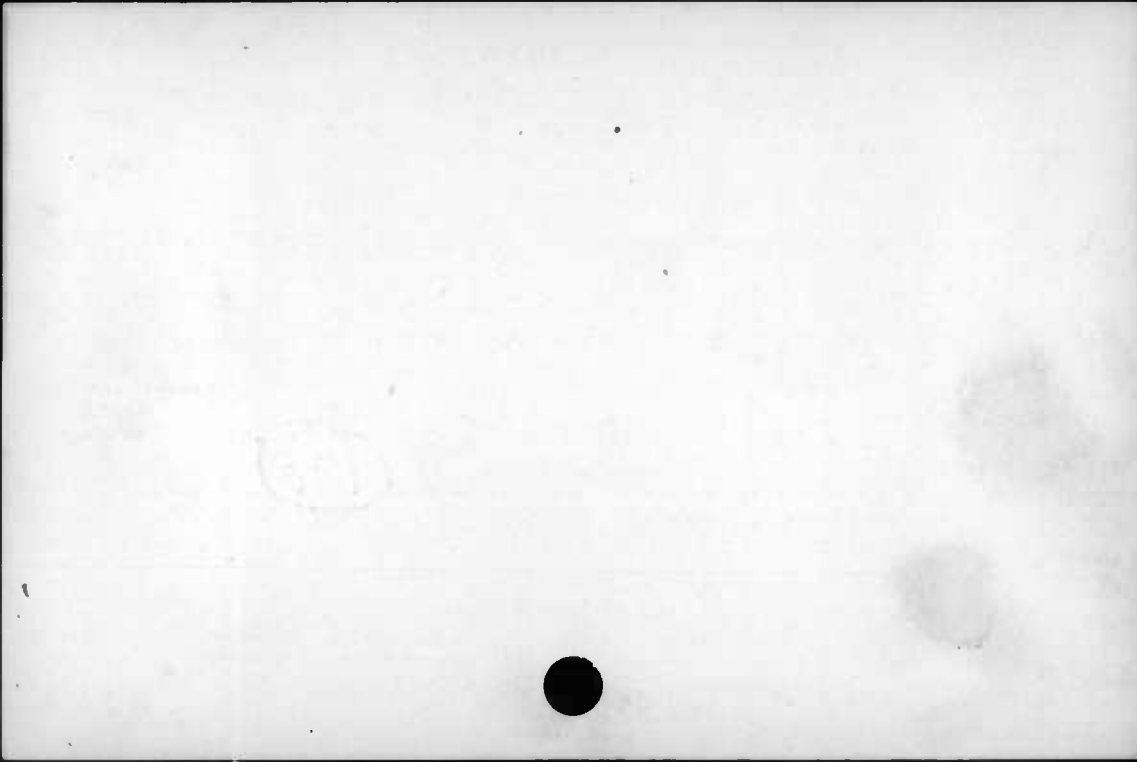
Died at <i>Pocomoke</i>		Town <i>Pocomoke</i>		County <i>St. Charles</i>		MARYLAND							
Date of death <i>1908 June 17</i>		Month <i>June</i>		Day <i>17</i>		Age <i>—</i>		Years <i>—</i>		Months <i>2</i>		Days <i>26</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Pocomoke</i>									
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>									
Father's Name <i>Robert Brown</i>				Father's Birthplace <i>Pocomoke</i>									
Mother's Maiden Name <i>Ida Carter</i>				Mother's Birthplace <i>" "</i>									
Name of person giving information <i>Ida Carter</i>				How related to deceased <i>mother</i>									

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>		How long <i>1 week</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. W. Mitchell M.D.</i>	
		Address <i>Pocomoke</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

Agnes Cannon

Died at ^{Town} Poplar Creek ^{County} Charles

MARYLAND

Date of death 1908 June 29 Age 26 Months Days

Sex Female Color or Race White Birth-place Hoboken, N.J.

Occupation Cook Where Residing if not at place of death Poplar Creek, Md.

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving information W. J. Gordon

How related to decedent None

CAUSES OF DEATH

167

Primary Burns (Entire body surface) 6 hrs.

Immediate Internal Hemorrhage 1/4 hr.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Reeder Gough, M.D.
Address Newburg, Md.

Accident or Suicide? Yes

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

She lived for about six hours. after explosion of the kerosene,
and following a severe hemorrhage. She expired.

Name
in
Full

Catherine Clements

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

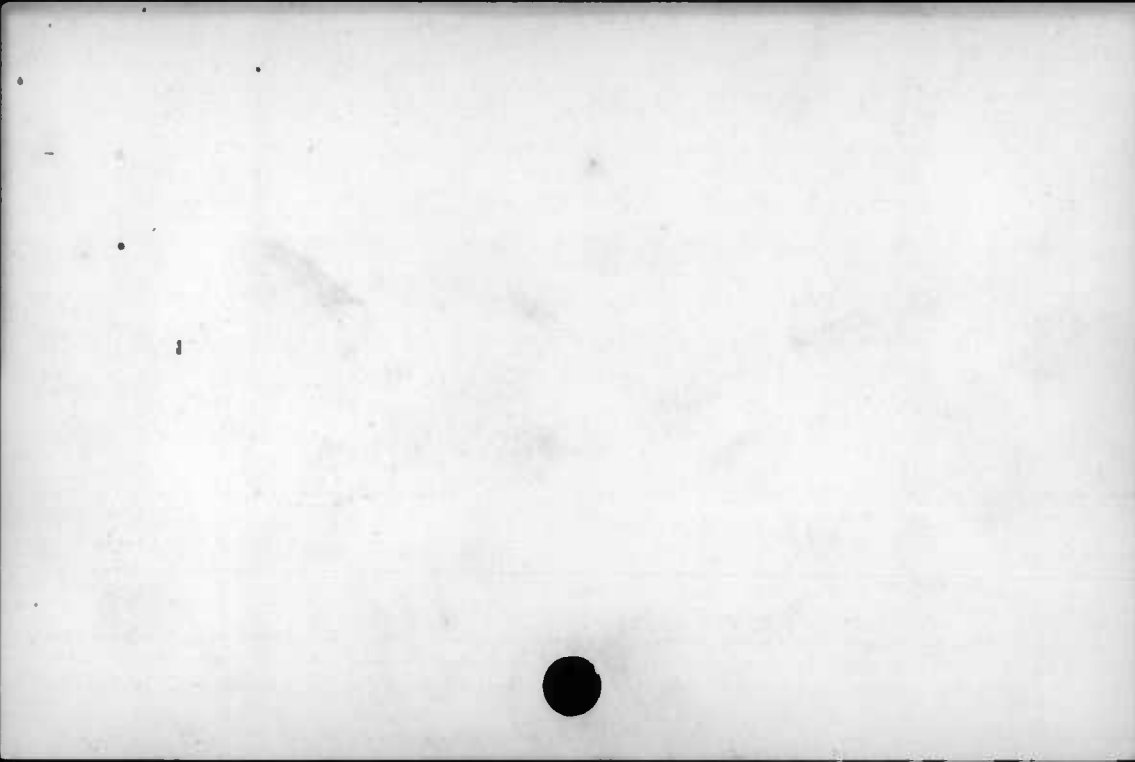
Died at <i>Pomwanchy</i>		County <i>Spencer</i>		MARYLAND	
Date of death	1908	Month <i>June</i>	Day <i>16</i>	Age	Years <i>5</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pomwanchy Va</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm B. Clements</i>		Father's Birthplace <i>Glynnville Va</i>			
Mother's Maiden Name <i>Nancy Simmons</i>		Mother's Birthplace <i>Pigott Va</i>			
Name of person giving information <i>Wm B. Clements</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>10 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. W. Mitchell, M.D.</i>	
		Address <i>Pomwanchy Va.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Harry Hossery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		June	22	Age 58			
Sex	male	Color or Race	colored	Birth-place	St Marys		
Occupation	Harmer			Where Residing if not at place of death	Lerrin		
Married, Single or Widowed	married		Name of Wife or Husband	Eliza Hossery			
Father's Name	Henry Hossery			Father's Birthplace	St Marys		
Mother's Maiden Name				Mother's Birthplace	St Marys		
Name of person giving information	Robert Meredith			How related to deceased	Brother-in-law		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	17 months
Immediate		How long	11 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. H. Simpson
		Address	Sub Register, Wm. burg Md.
Accident or Suicide?			

Name
in
Full

Mary A. L. Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Spring Hill ^{County} Charles

Date of death 1908 ^{Month} June ^{Day} 15th ^{Age} 1 ^{Years} ^{Months} 4 ^{Days} —

Sex Female ^{Color or Race} Colored ^{Birth-place} Charles Co

Occupation none ^{Where Residing if not at place of death} —

Married, Single or Widowed single

Name of Wife or Husband

Father's Name John H Dorsey

Father's Birthplace Charles Co

Mother's Maiden Name Mary Boorman

Mother's Birthplace Charles Co

Name of person giving information John H Dorsey

How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Cholera infantum

How long 2 days

Immediate General exhaustion

How long —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos. S. Owen

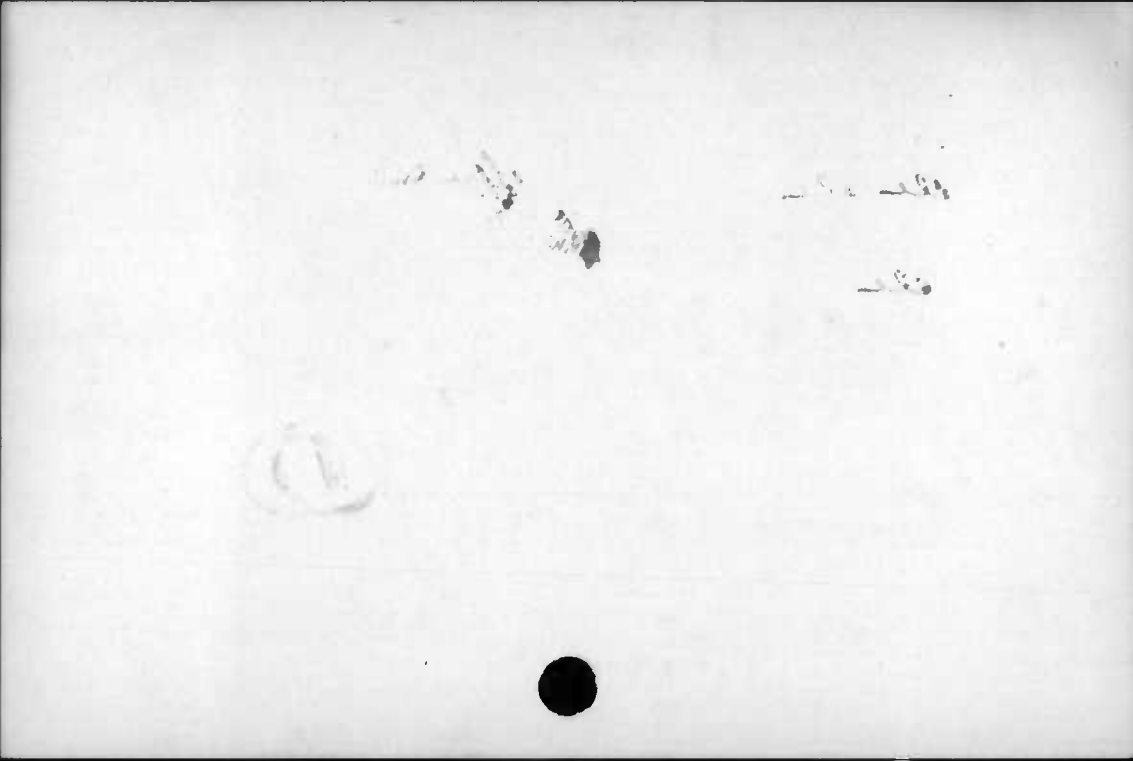
Address

La Plata

Accident or Suicide?

no

med



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dunecaster</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1908 June</i>		Month <i>June</i>	Day <i>21</i>	Age <i>45</i>	Years <i>45</i>
Sex <i>Male</i>	Color or Race <i>American</i>	Birth-place <i>Charles Co. Md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Irene Wheeler</i>				
Father's Name <i>John A. Golden</i>	Father's Birthplace <i>Charles Co. Md.</i>				
Mother's Maiden Name <i>Elizabeth A. Skinner</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Arthur Golden</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

Primary *Cholangitis - Typhoid Fever - Appendicitis* *18 days.*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*Geo. C. Bicknell,
Pisgah, Md.*

Accident or Suicide?



Name
in
Full

Blanchard L. Gray

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Pennocky

St. Charles

Date

1908

Month

June

Day

19

Age

Years

—

Months

6

Days

—

Sex

Female

Color or
Race

Colored

Birth-
place

Washington D.C.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

James Gray

Father's
Birthplace

Virginia

Mother's
Maiden Name

Blanchard Johnson

Mother's
Birthplace

Washington D.C.

Name of person giving
In formation

Emily Johnson

How related
to deceased

Sister

CAUSES OF DEATH

105

Primary

Enterocolitis

How long

Three weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. W. Dintcheff M.D.

Address

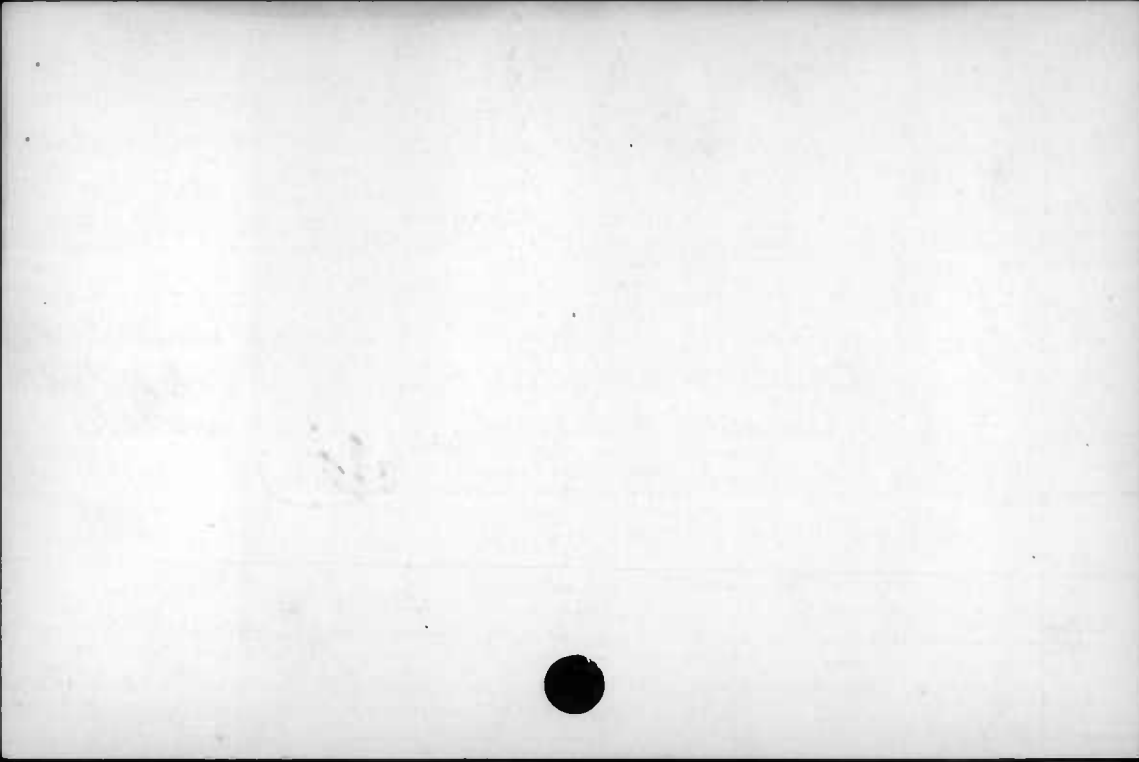
Pennocky Md.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary Heemsley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Marbury* Town *Charles* CountyDate of death *1908* Month *June* Day *5* Age *48* Years Months *unknown* Days *unknown*Sex *Female* Color or Race *collord* Birth-place *Chas.co Md.*Occupation *Housekeeping* Where Residing if not at place of death Married, Single or Widowed *Singled* Name of Wife or Husband *none*Father's Name *Heemsley Heemsley* Father's Birthplace *Charles co Md.*Mother's Maiden Name *Margaret A Turner* Mother's Birthplace *Chas.co Md.*Name of person giving information *Caroline Heemsley* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Nephritis - Rheumatism* How long *3 yrs.*
Immediate *Typhoid Fever - Toxic Enteritis* How long *1 week.*

Are the name, age, sex, color, date and place correctly given above?

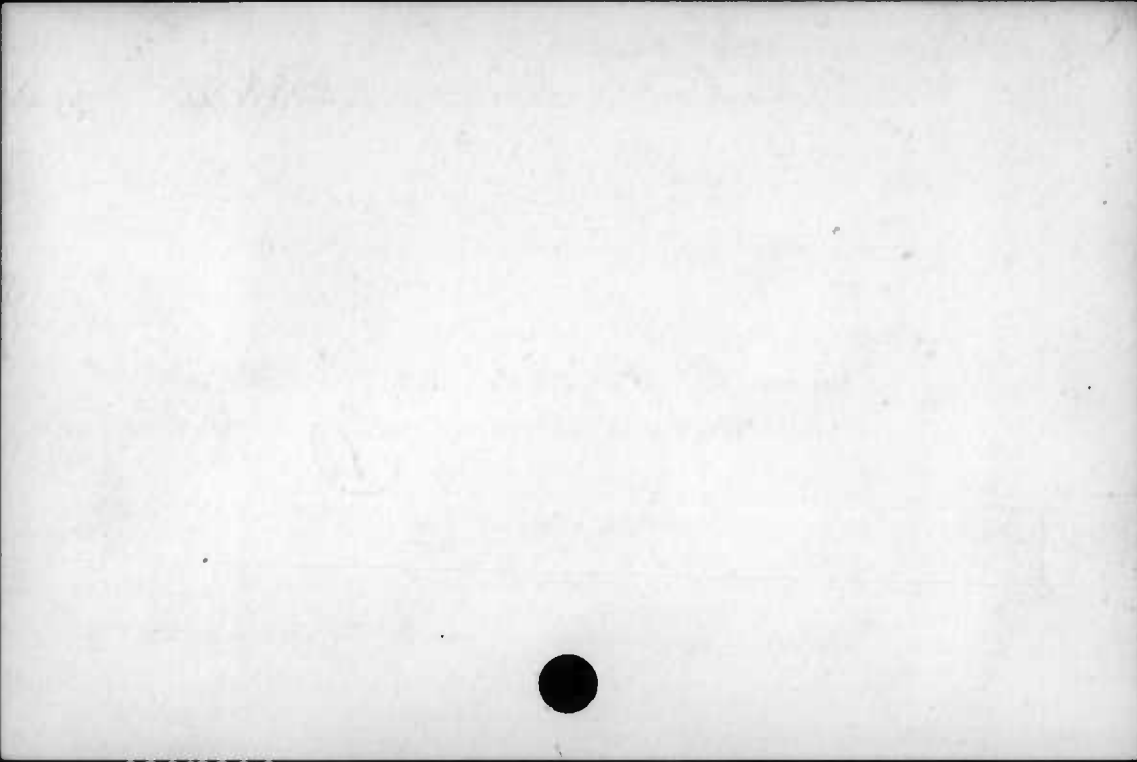
Yes

Signature of Physician

Address

Geo. B. Bicknell
Prigah,
Md.

Accident or Suicide?



Name
in
FullPhilip Newson
La P. Lata

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

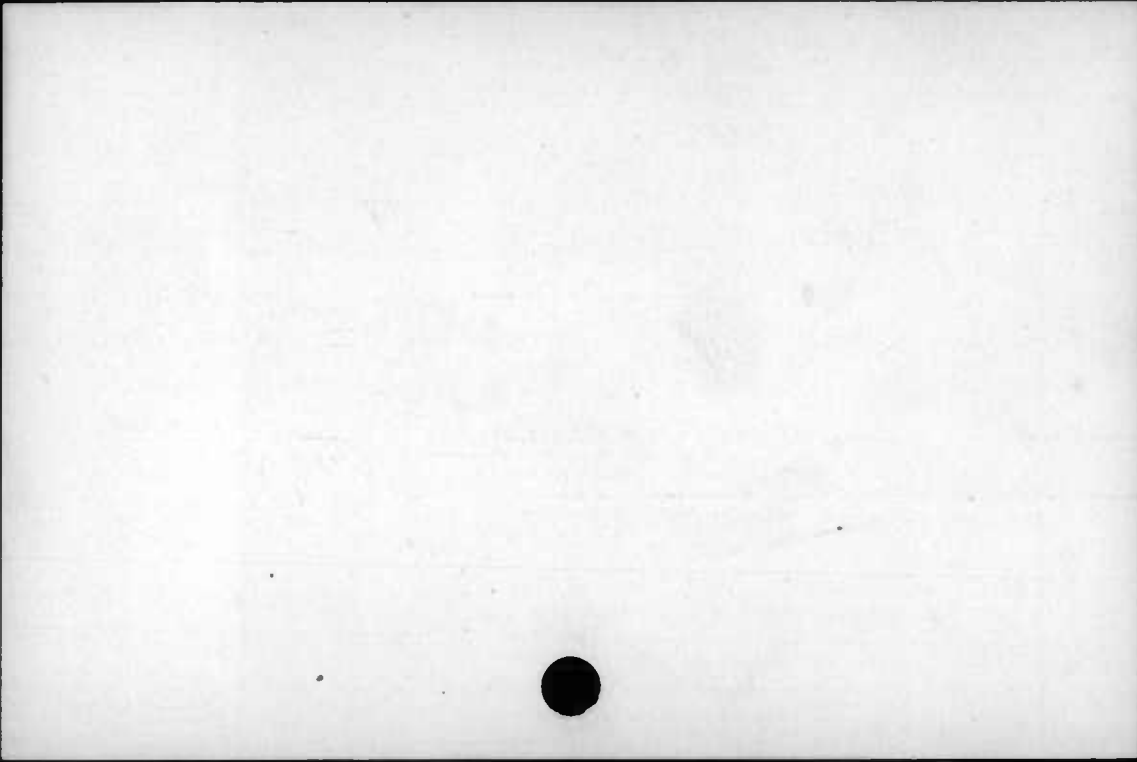
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		6		11			
Sex	Male	Color or Race	Colored	Birth-place	Ind		
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	S		Name of Wife or Husband				
Father's Name	Henry Newson		Father's Birthplace		Ind		
Mother's Maiden Name	Sarah Newson		Mother's Birthplace		Ind		
Name of person giving information	Sarah Newson		How related to deceased		Mother		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	About two years
Immediate	Acute Heart Failure	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		L. Hannon	
		Address	
		La P. Lata	
Accident or Suicide?		Ind	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pisgah</i> Town		<i>Charles</i> County		MARYLAND	
Date of death <i>1908</i>		Month <i>June</i>	Day <i>30</i>	Age <i>101</i>	Years <i>101</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Westmoreland Co., Va.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>James Thompson</i>		Father's Birthplace <i>Westmoreland Co. Va.</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Robert B. Thompson</i>		How related to deceased <i>Son</i>			

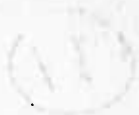
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility</i>	How long	<i>154</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. A. Bicknell</i>	
		Address <i>Pisgah, Ind.</i>	
Accident or Suicide? <i>_____</i>			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Edmund B. Johnson		County		MARYLAND
	Died at <i>Marshall Hall</i>		Town		
	Date of death	1908	Month	June	Day
		20	Age	68	Years
	Sex	Male	Color or Race	White	Birth-place
				P. Geo. Co. Md.	
Occupation		Where Residing if not at place of death			
Merchant					
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace			
Edmund Johnson		Fairfax Co Va.			
Mother's Maiden Name		Mother's Birthplace			
Margaret Thompson		P. Geo Co. Md.			
Name of person giving information		How related to deceased			
Clinton Johnson		Brother			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		79
	Heart Disease		Nine Years		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	yes		J. W. Hitchcock M.D.		
Address		Pomeroy Md.			
Accident or Suicide?		no			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

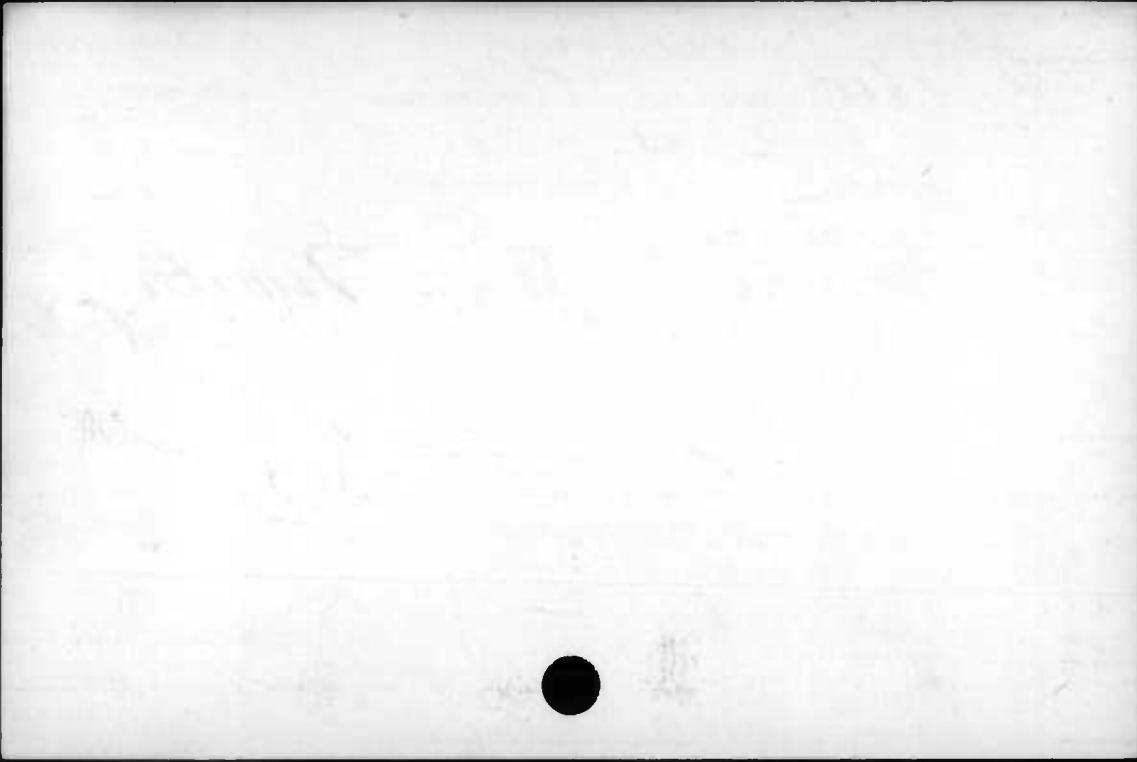
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death		Place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		How related to deceased					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Name *James F. Mathews*

Town *Fall River* County *Charles*

Died at *Fall River*

Date of death *1908* Month *June* Day *29* Age *74* Years *1* Months *10* Days

Sex *Male* Color or Race *Caucasian* Birth-place

Occupation *Lawyer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Victoria Brent*

Father's Name *Frank Matthews* Father's Birthplace *Chas. Co*

Mother's Maiden Name *Elizabeth Neal* Mother's Birthplace *Chas. Co*

Name of person giving information *J. N. Hamilton* How related to deceased *Son-in-law*

CAUSES OF DEATH

40

Primary

Gastric Cancer

How long

12 Months

Immediate

Toxaemia

How long

7 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

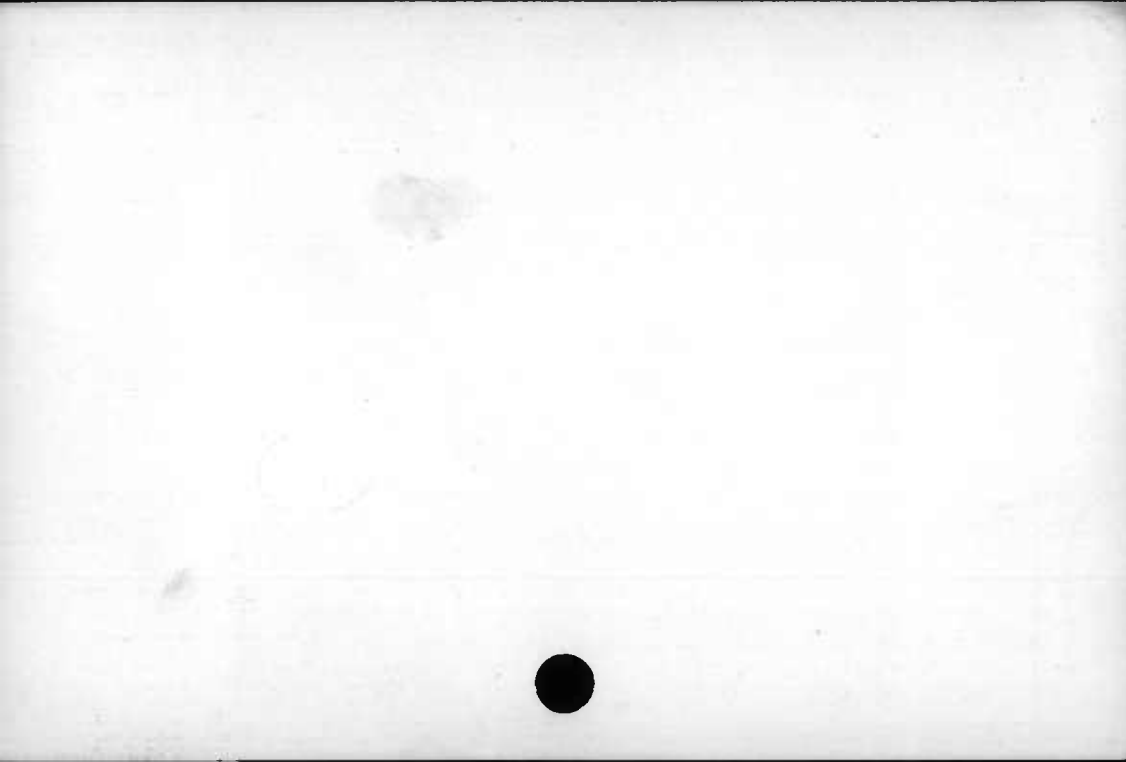
Effner

Br. Alton

Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mitchell Meredith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

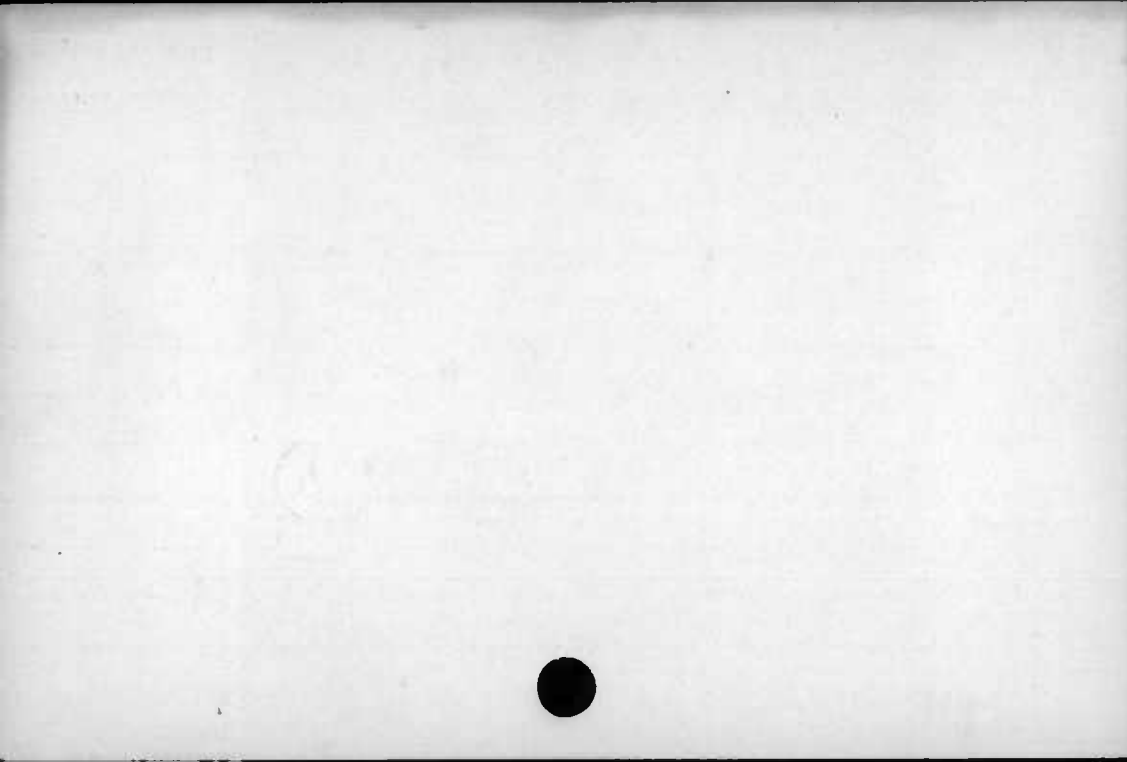
Died at <u>Harry</u> ^{Town}		<u>Charles</u> ^{County}		MARYLAND		
Date of death <u>1908</u>		<u>June</u> ^{Month}	<u>27</u> ^{Day}	<u>1</u> ^{Years}	<u>4</u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>		Color or Race <u>Coloured</u>		Birth-place <u>Harry</u>		
Occupation <u></u>			Where Residing if not at place of death <u>Harry</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>				
Father's Name <u>Thomas Meredith</u>		Father's Birthplace <u>Sturveys</u>				
Mother's Maiden Name <u>Rebecca Wheeler</u>		Mother's Birthplace <u>Charles</u>				
Name of person giving information <u>Colbert Meredith</u>		How related to deceased <u>Grandfather</u>				

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	<u>Diphtheria</u>	How long	<u>not quite a week</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Y/ps</u>		Signature of Physician <u>J L Higdon</u>	
		Address <u>Wayside</u>	
Accident or Suicide? <u></u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

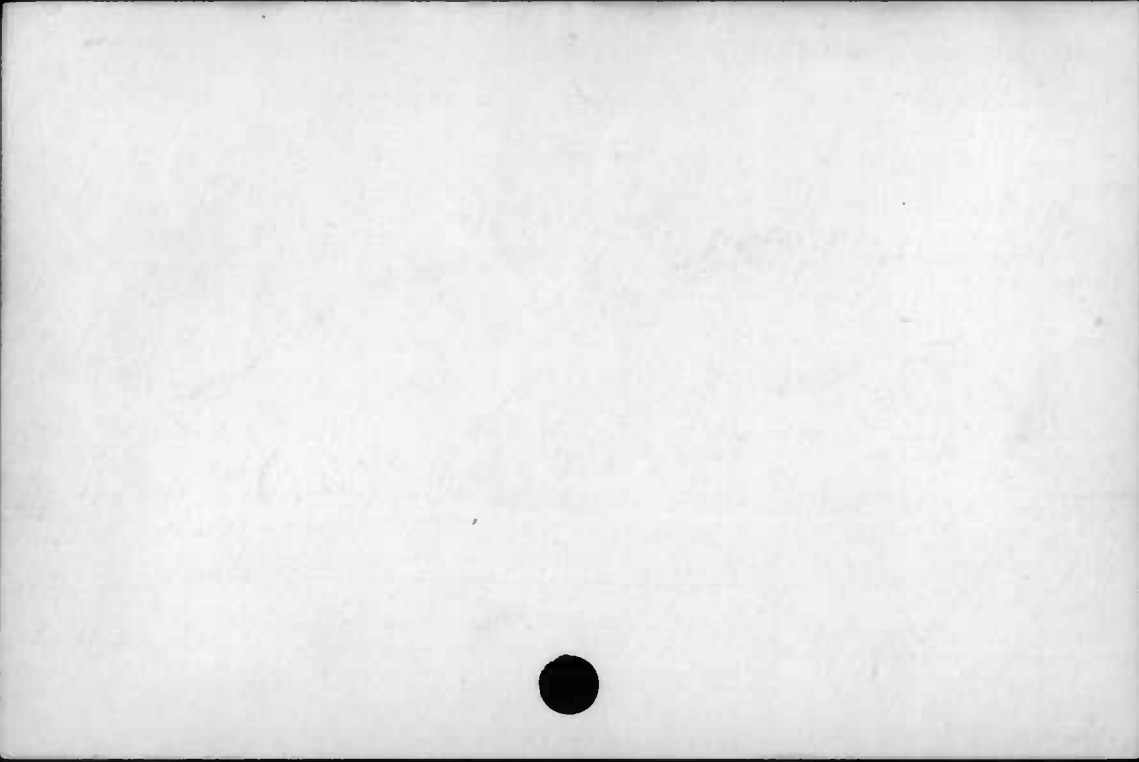
Died at		Town <i>Ballantown</i>		County <i>Charles</i>	
Date of death	1908	Month	June	Day	5
Age	18	Months	14	Days	6
Sex	Female	Color or Race	Colored	Birth-place	Ind
Occupation	Housemaid		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <i>Bernard Shorter</i>			
Father's Name	<i>Chas Miller</i>			Father's Birthplace	Ind
Mother's Maiden Name	<i>Sarah Miller</i>			Mother's Birthplace	Ind
Name of person giving information	<i>Helena Chapman</i>			How related to deceased	Sister

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>Acute Nephritis</i>	How long	<i>2 mos.</i>
Immediate	<i>Brainwave Convulsions</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. Morton Brown</i>	
		Address	
		<i>Aquasco</i>	
Accident or Suicide?			
<i>No.</i>			



Name
in
Full

Anna H. Moran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

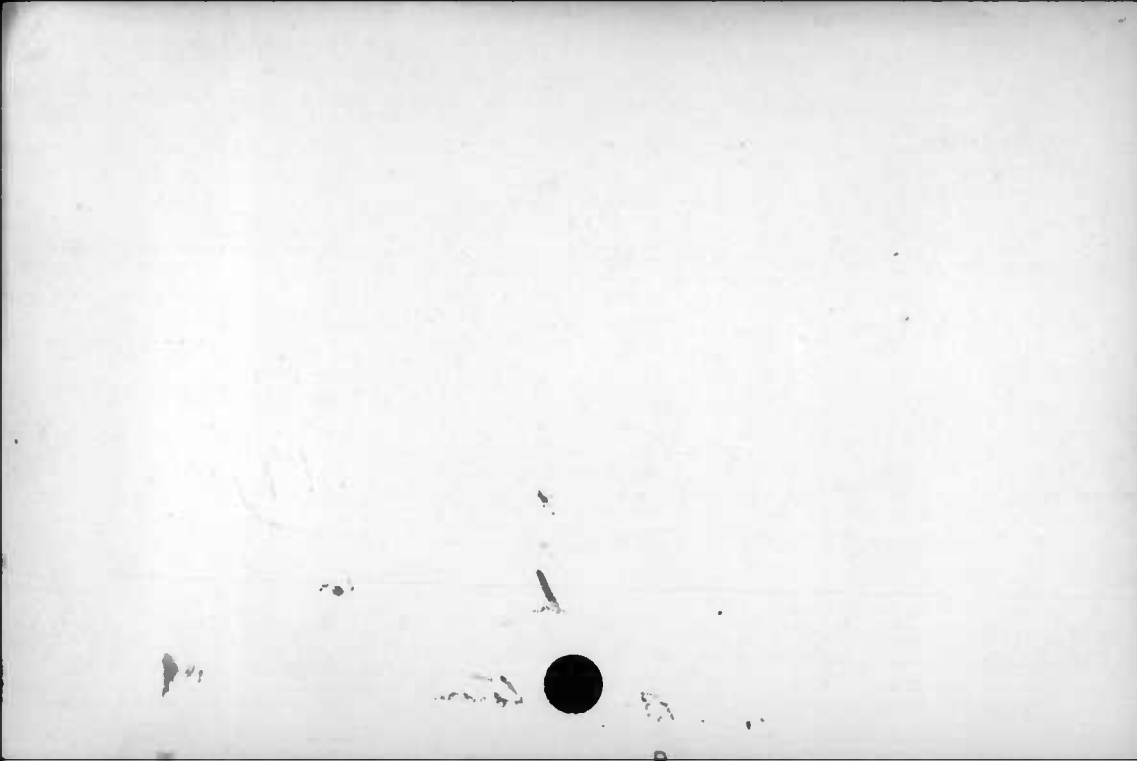
Died at <i>Bryantown</i> Town			County <i>Charles</i>			MARYLAND		
Date of death <i>1908</i>		Month <i>6</i>	Day <i>4</i>	Age <i>—</i>		Months <i>3</i>		Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation				Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>						
Father's Name <i>Cammie Moran</i>		Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>May Lyon</i>		Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>Cammie Moran</i>		How related to deceased <i>Father</i>						

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 mo</i>
Immediate <i>1 hour</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>for</i>	Signature of Physician <i>Henry Lechman</i>
	Address <i>Keyhaven Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

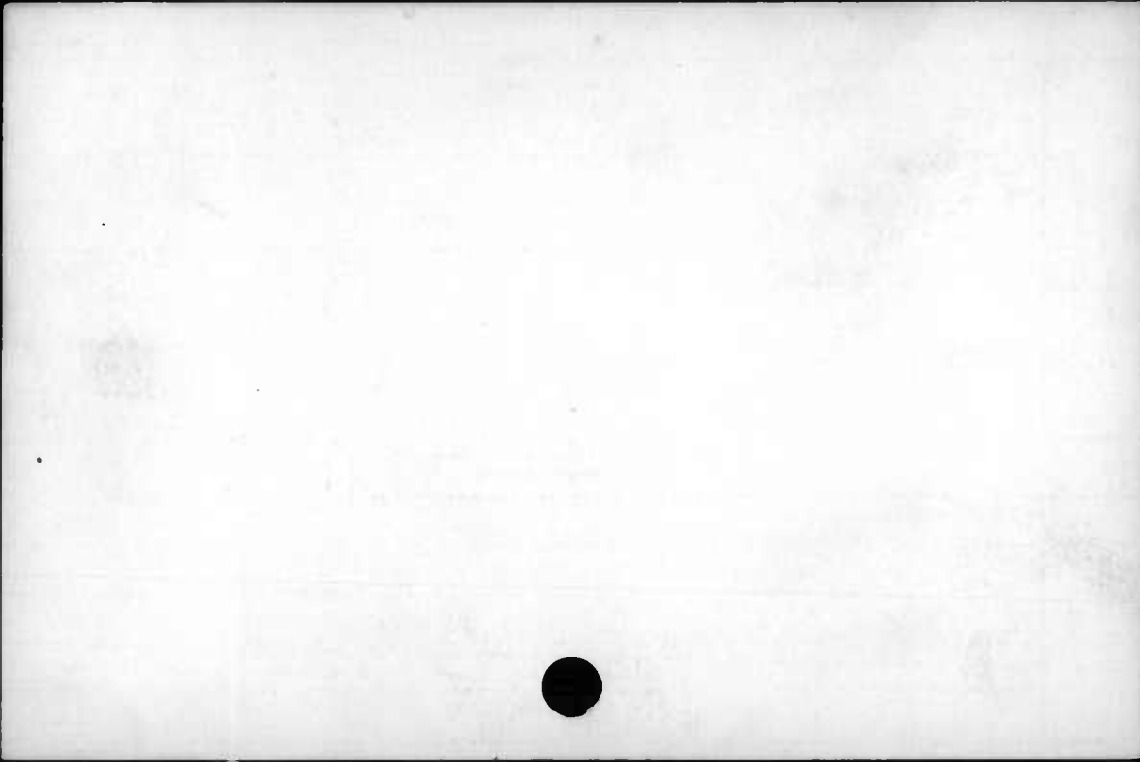
Name in Full <i>Willie Morris</i>		Town <i>White Plains</i>		County <i>Charles</i>		MARYLAND	
Died at <i>White Plains</i>		Month <i>6</i>		Day <i>2</i>		Age <i>9</i>	
Date of death <i>1908</i>		Month <i>6</i>		Day <i>2</i>		Age <i>9</i>	
Sex <i>F</i>		Color or Race <i>Colored</i>		Birth-place <i>Adelphi</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>S</i>					
Married, Single or Widowed <i>S</i>		Name of Wife or Husband					
Father's Name <i>John H Morris</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Leana Houston</i>		Mother's Birthplace <i>Del.</i>					
Name of person giving information <i>John H Morris</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's disease Kidney</i>	How long <i>4</i> Months
Immediate <i>Aschemia of Heart</i>	How long <i>2 or 3</i> Weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Hannon</i>
	Address <i>La Plata</i>
Accident or Suicide?	<i>Ind.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *White Plains* ^{Town}*Bitter*
Chase ^{County}Date of death *1908* ^{Month} *June*Day *2*Age *—* ^{Years}Months *—*Days *—*Sex *Female*Color or Race *White*Birth-place *Dms*Occupation *—*Where Residing if not
at place of death *—*Married, Single *—*
or WidowedName of Wife or
Husband *—*Fether's Name *John Bitter*Father's Birthplace *Dms*Mother's Maiden Name *Lillian Spinks*Mother's Birthplace *Dms*Name of person giving
In formation *Lillian Bitter*How related
to deceased *Daughter*

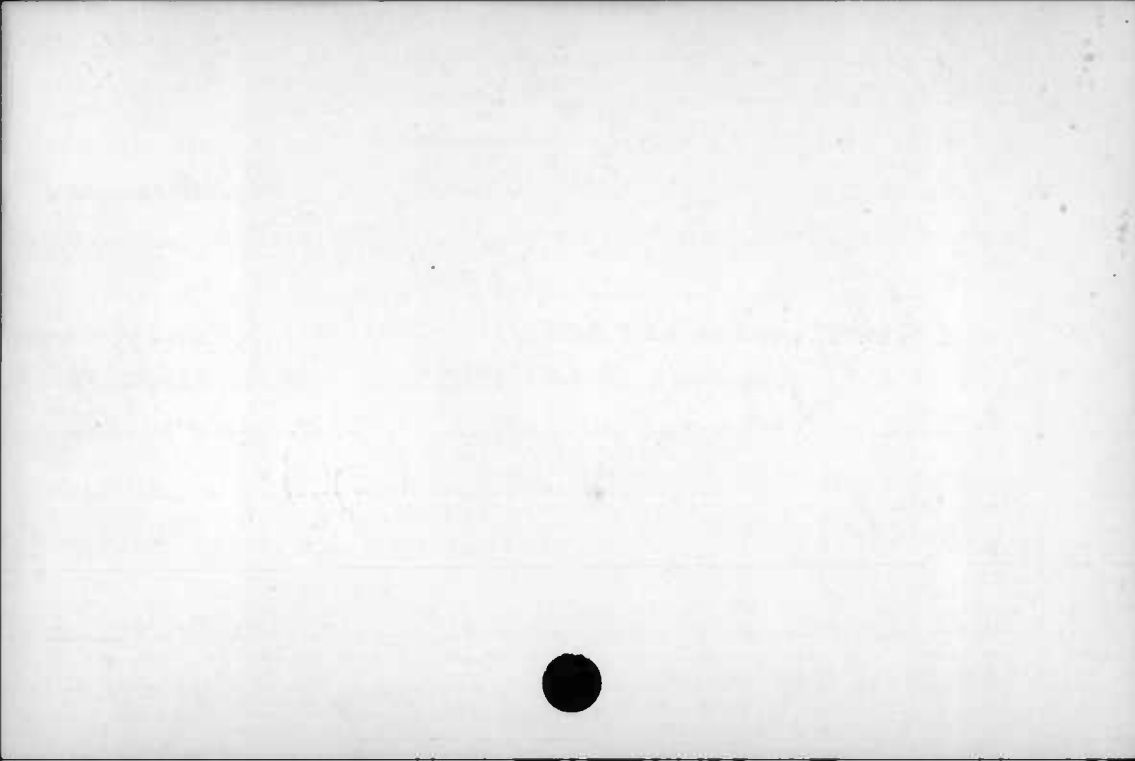
CAUSES OF DEATH

Primery

*Still Born*How long *5*How long *—*

Immediate

Are the name, age, sex, color, date
and place correctly given above? *Y*Signature of
Physician *P. O. Morner*Address *Waldorf*Accident *—*



Name
in
Full

Mable Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Chicamux* Town*Charles* CountyDate of death *1908* *Mar* Month

Day

*7*Age *11* ~~*months*~~ Years

Months

1

Days

Sex *female*Color or
Race*Colored*Birth-
place*Chicamux Md*

Occupation

*none*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband*none*Father's
Name*Philip Simmons*Father's
Birthplace*Chicamux*Mother's
Maiden Name*Finances Nelson*Mother's
Birthplace*Pisgah Md*Name of person giving
In formation*Philip Simmons*How related
to deceased*Father*

CAUSES OF DEATH

105

Primary

Colerfantion

How long

one week

Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*None in attendance*

Address

Charles D Carpenter

Accident or Suicide?

Sub. Reg: 2nd District Pisgah Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hill Top</i> ^{Town}			<i>Charles</i> ^{County}			MARYLAND	
Date of death <i>1908</i>		<i>June</i> ^{Month}	<i>7</i> ^{Day}	Age <i>59</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}	
Sex <i>Male</i>	Color or Race <i>Colored</i>			Birth-place <i>Charles Co Md</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan M. Ward</i>					
Father's Name <i>John Ward</i>				Father's Birthplace <i>Charles Co Md</i>			
Mother's Maiden Name <i>Mary Jones</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Wallace Ward</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

Primary	<i>Intestinal Carcinoma - Typhlitis</i>	How long <i>(41)</i>
Immediate	<i>Inanition</i>	How long <i>—</i>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G. C. Bicknell
Pisgah
Md

Accident or Suicide?

